

DEPARTMENT OF FINANCE AND ADMINISTRATION



ACKNOWLEDGMENT OF RECEIPT OF
TAX OBLIGATIONS POLICY

I, _____, as an applicant for employment with the
Department of Finance and Administration, hereby certify the following:

- * I have received a copy of Administrative Memorandum No. 300.7.1, the
Department's Tax Obligation Policy.
- * My history of payment of state, federal, and local taxes is free and clear of any
judgments, liens, or outstanding balances.
- * I realize that, if employed by the Department, as a condition of employment my tax
records will be subject to annual review for compliance with tax laws, and
- * that non-compliance will result in termination from employment with the Department
of Finance and Administration.

Signature

Date

Social Security Number